



## Mental Health CCS Reference Sheet

- **When to submit a Claims Correction Spreadsheet (CCS)**
  - When running Phase II report to check for Medi-Cal denials. Please do not submit CCS for Medicare (5) denials.
  - Replacements, Voids, Transfers, and Delete Denied Services requests. Reference the first tab on the CCS worksheet for additional instructions.
  - When incorrect information was submitted on the original claim that needs to be corrected. i.e., wrong duration, wrong practitioner, etc...
  - Make sure to track and monitor CCS that have already been submitted. Duplicate submissions will slow down the process and cause a delay for legitimate CCS to be processed.
  - **\*Do not submit CCS for questions or inquiries. Please do not put CCS in the subject line of an email for inquires and questions.**
- **What forms in Avatar to use when preparing a CCS**
  - Phase II reports (Client and Program) – Identify denials for Medi-Cal only.
  - Client Ledger (SAC) – To verify if services have already been fixed to avoid duplicate CCS submissions. Identify what guarantor the liability is currently with.
  - Financial Eligibility (FE) – Make sure guarantors are entered properly and appropriate corrections have been made, i.e., DOB, Gender, CIN, coverage effective dates, etc... Also, make sure to add a note of the correction(s) that was made to the Coverage Comment section.
- **Differences between Replacements, Voids, Transfers, and Delete Denied Service.**
  - Below are some reasons but not limited to why a CCS would be submitted for the following:
    - Replacements – Applies to both Approved and Denied services.
      - Incorrect DOB.
      - Incorrect Gender.
      - Incorrect service date.
      - Incorrect service code.
      - Incorrect duration.
      - Make sure all these are correct before submitting a CCS. Also, make sure a **new service** is entered before submitting a CCS for the replacement.
    - Voids – Only submit a void for previously **APPROVED** services. Please do not submit voids for denied services.
      - Incorrect client.
      - Additional reasons for submitting voids will be reviewed before processing.
      - If submitting a void, please include the reason for the void.
    - Transfers – To transfer the liability from one guarantor to another guarantor.
      - Incorrect CIN.
      - Denial for not having coordination of benefits (COB) with Other Health Care (OHC)
      - Denial for not having COB with Medicare (5). \*client should only have one Medicare guarantor active in FE. In this case only G5.
      - Denial for not having COB with Medicare Risk. \*client should only have one Medicare guarantor active in FE. In this case only the Risk guarantor.
      - Make sure all appropriate corrections have been made to the client's information before submitting a CCS.
    - Delete denied service –
      - Incorrect client.
      - Additional reasons will be reviewed before processing.